2012 VERMONT

## Property Tax Adjustment Claim

FORM HS-145



\*121451100\*

					l		I Z	14	2 1 1	0 0 4
DUE DATE: Apri	I 17, 2012 (C	laims allowed u	ed up to September 4, 2012	112 but late fil	out late filing penalties apply			PRINT in BLUE or BLACK INK		
Claimant Social			Spouse or CU Partner				Claimant 's	Month	Day	Year
Security Number		-	Social Security Number		ш-ш		Date of Birth			
Claimant 's Last Name				First Nam	e					Initial
Spouse or CU Partner Last Name				First Nam	e B E I					Initial
Mailing Address (Number and Street/										
Road or PO Box)										
City/Town					State	Zip Code		- _		
Location of Homestead number	r, street / road na	ime (Do not use PO	Box, "same", or Town name	Dis	School trict Code 2	. City/Town of Leg	al Residence o	n 04/01/20	12	State
(REQUIRED)			(From your 2011/	2012 property tax	bill)					
ALL eligibility que			ou must own and occu							
-		-	T all of calendar year				ine 5.		No, S	
-	_		by another taxpayer? e on or before April 1,			Yes, STOP Yes, STOP				Go to Line 6. CONTINUE
•			O12 property tax bill.	, 2012:		103, 3101			110, C	ONTINUE
		-	property tax biii.				7.		٦, 🗆	. 0 0
								8.		. 00
								9.		. 00
	•									00%
•			• • • • • • • • • • • • • • • • • • • •					10.		00
			y) E <b>HI-144,</b> Household				11 <b>.</b>			. 00
Select ONE of th	e applicable	line sets: Line 1	2 OR Lines 13-14 OI	R Lines 15-16.	. See instru	ctions on rev	erse side f	or detail	s.	
Lot Rent	11									0.0
								12.	,	. 00
			Trust, Cooperative,	_				13.	$\Box$	. 00
14 Allocated M	unicinal Tay							14.		. 00
			perty if housesite has							
	•							15.	,	. 00
16 Municipal T	ay on contigu	ous property						16	٦.//	. 00
10. Municipal I	ux on contigu		AXIMUM ADJUST					10.		
		jury, I declare tha	t I have examined this re	eturn and accon	npanying scl	hedules and sta				y knowledge
SIGN and bel	lief, they are tr	ie, correct and cor	mplete. Preparers canno	ot use return inf	formation for	purposes oth	er than pre	paring re	turns.	
HERE 🥍										
	imant Signature		Date	1 '		ner Signature			Da	te
Cneck he	Preparer's sig	• .	ment of Taxes to disc	uss mis return	and attachi Date	nents with yo	<del> </del>			
Dropororio de	i reparer s sig	iatui c			Dale		Preparer SSN or	,		
Preparer's Juse Only	Firm's name and—						PTIN			
Jose Offing	name and—— address			Preparer's Pho	ne No.		— Preparer EIN	5		